



Work Order ID 62497

September 30, 2010 3:03:52 PM




Page 1

Item ID: D3636-041 Accept  Setup Start 
Revision ID: Stop 
Item Name: Shoulder Harness
Start Date: 9/30/10 Start Qty: 6.00  Cust Item ID:
Required Date: 10/22/10 Req'd Qty: 6.00  Customer:
Reference:

Approvals: Process Plan: CZ Date: 10/9/30 Tooling: _____ Date: _____ Run Start 
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop 


Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
D3636	Rev B


100	PURCHASING	0.00							
	Purchasing	Memo							
	Purchasing	Issue P/O: <u>12669</u>							
		Purchase Part Number: P/N 3104-1-061-2396							
		AMSAFE INC., PHOENIX, ARIZONA							
		Certificate of conformity is required							

Supplier:

CZ 10/9/30 (6)

110	Receive & Inspect for Damage & Mat'l Certs	0.00							
	Packaging	Memo							
	Packaging	Ensure certificate of conformity is attached							

10/14/22 (6)

120	QC6- Inspect dimensions to drawing	0.00							
	QC	Memo							
	Quality Control								

Solid 76

(+6)

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

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Item ID: D3636-041

Accept



Setup Start



Revision ID:

Stop



Item Name: Shoulder Harness

Start Date: 9/30/10 Start Qty: 6.00



Cust Item ID:

Required Date: 10/22/10 Req'd Qty: 6.00



Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start



QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop



Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130 	Identify as per dwg & Stock Location: <u>266</u>	0.00							
Packaging	Memo	0.00							
Packaging									
140 	QC21- Final Inspection - Work Order Release	0.00							
QC	Memo	0.00							
Quality Control									

10/10/27-8/6

10/10/28

ME

10-10-27

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Picklist Print

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Work Order ID: 62497

Parent Item: D3636-041

Parent Item Name: Shoulder Harness




Start Date: 9/30/10

Required Date: 10/22/10

Start Qty: 6.00

Required Qty: 6.00

Comments: IPP Rev:A revA as per dwg 08-01-09 DD verified by LL 08/01/09

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D3636-041P  Shoulder Harness		Purchased	No			110	Each	0.0000	1	6			

03104-1-061-2386

Per 10/22/10 (6)

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

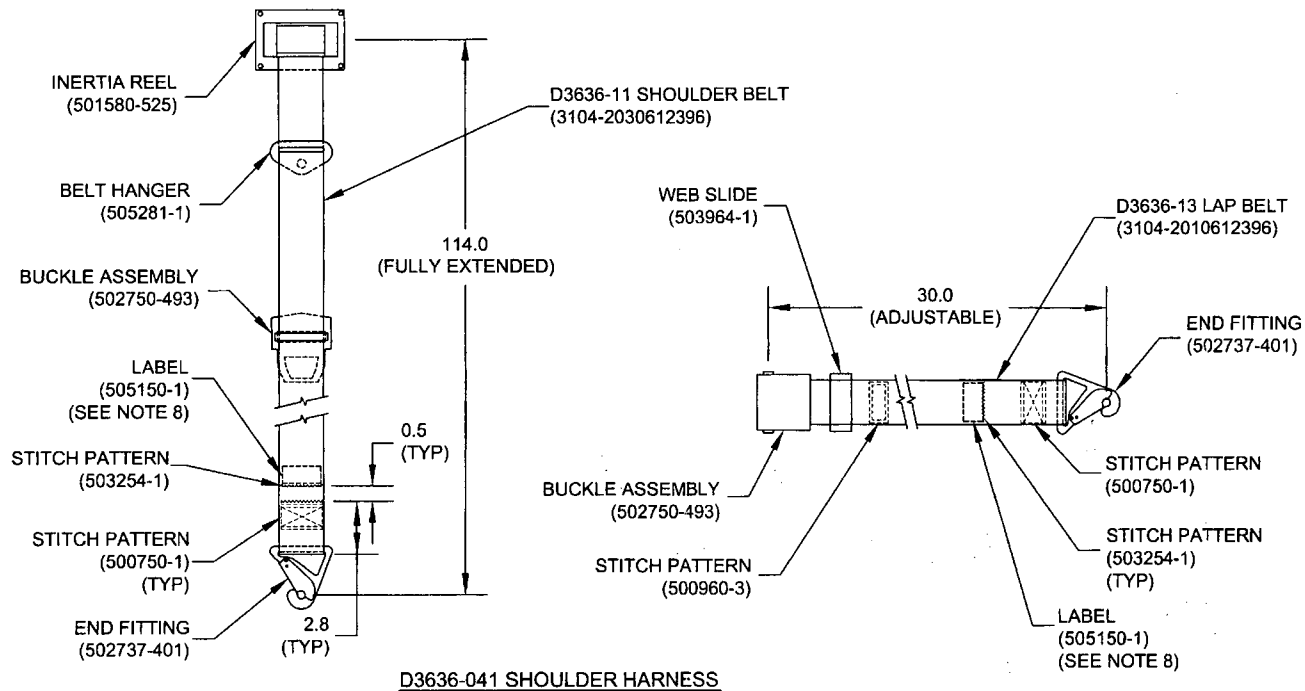
Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

SPECIFICATION CONTROL DRAWING



NOTES:

- 1) DESCRIPTION: 3-POINT SHOULDER HARNESS WITH LEVER STYLE BUCKLE AND CHROME HARDWARE PLATING
2" BLACK NYLON WEBBING, STYLE T1200-5 WHICH MEETS REQUIREMENTS OF TSO-C114
WITH MINIMUM STRENGTH OF 2500 LBS
- 2) PURCHASE INFO: P/N 3104-1-061-2396 (D3636-041)
AMSAFE INC., PHOENIX, ARIZONA
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: 1.7 lbs
- 8) LABEL TO INCLUDE: DART AEROSPACE P/N D3636-11/-13
(613) 632-3336

CL 10/19/30
W10'62497

RELEASED
07.10.16

B	NEW HARNESS P/N'S; REFERENCE TSO-C114	LE	07.10.16
A	NEW ISSUE; REPLACES G10601	LE	07.07.27
REV.	DESCRIPTION	BY	DATE
DESIGN	CV	DART AEROSPACE USA, INC PORT HADLOCK, WA	
DRAWN	LE		
CHECKED	PH	DRAWING NO.	REV. B
MFG. APPR.	N/A	D3636	SHEET 1 OF 1
APPROVED	MP	TITLE	SCALE
DE APPR.	MP	SHOULDER HARNESS	NTS
DATE	07.10.16	COPYRIGHT © 2007 BY DART AEROSPACE USA, INC THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE USA, INC.	

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID PO12669

Purchase Order Date 9/30/10

PO Print Date 9/30/10

Page Number 1 of 1

Order From :

VU-AMS001

AMSAFE INC.
LOCKBOX #5
P.O BOX 53075
PHOENIX, AZ 85072-3075
US

Contact Name

Vendor Phone

602 850 2850

Vendor Fax

602 850 2812

Vendor Account Nbr

Buyer

Chantal Lavoie

Requisition Nbr

Tax Resale Nbr

10127-2607

Terms

Net 30

Currency

USD

FOB

Destination-Collect

Ship To :

DART AEROSPACE LTD

1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

FAXED
9/30/10

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	D3636-041P	Shoulder Harness	10/22/10 Yes	6.00 Each	FedEx PI ppd	\$262.4600	\$1,574.76

Special Inst: AS PER DWG D3636 REV. B
B62497
AMSAFE P/N: 3104-1-061-2396

PO Total:

\$1,574.76

CERTIFICATE OF CONFORMITY
REQ'D UPON DELIVERY

Change Nbr: 1

Change Date: 9/30/10

No substitution or deviation without
consent.
Certificate of Conformity or Material
Certification required when applicable

AMSAFE**AMSAFE AVIATION**1043 NORTH 47th AVENUE
PHOENIX, AZ 85043
PH (602)850-2850 FAX (602)850-2812**SHIPPER/CERTIFICATION**

000215139

10/20/10

CUSTOMER NO.
10006113

SALES ORDER NO.
S195647

BOL NO.
000215139

PAGE NO.
1

DART AEROSPACE
1270 ABERDEEN STREET
HAWKESBURY
ONTARIO, CANADA K6A 1K7
CanadaMAIN FINISHED GOODS LOCATION
DART AEROSPACE LTD.
1270 ABERDEEN ST
HAWKSBURY, ONTARIO K6A 1K7
Canada

Ship to ID: 10006125

CUSTOMER ORDER NO.
PO12669

TERMS
NET30

FREIGHT
COLLECT

SHIP VIA
FedEx Intl Priority

F.O.B.
ORIGIN

Sales Order Remarks: 1517-9324-0

SHIPMENT REFERENCE 000215139

Remarks:

LINE	ITEM NUMBER / DESCRIPTION	DRAWING AND CERTIFICATIONS	DUE DATE	QTY ORDERED	QTY SHIPPED	QTY BACK ORDERED
1	Cust. Item No.: D3636041 3104-1-061-2396 REST SYS ASSY	DRAWING: 3104 REV: F CERT: TSO-C114 Lot/Serial Numbers Shipped Quantity S195647-1	2010-10-22	6	6	0

8/10/10/26

I certify that the article(s) listed above conform to all applicable design data, and (as applicable):

FAA PMA, FMVSS 209, FMVSS 302, 14 CFR 25.853

FAA TSO C22f, C22g, C114 or TSO Plus

The conditions and tests required for TSO approval of the article(s) are minimum performance standards. It is the responsibility of those installing the article(s) either on or within a specific type or class of aircraft to determine that the aircraft installation conditions are within the standards applicable to the TSO article including (when applicable) the integrated non-TSO function. The non-TSO function is described as the seat belt airbag system including the inflator cable assembly and electrical components that have not been evaluated for functionality or installation requirements. TSO articles including the integrated non-TSO function must have separate approval for installation in an aircraft. The article(s) may be installed only if performed under 14 CFR part 43 or the applicable airworthiness requirements. Product shipped meets all material, processing and test requirements. Certifications/Test reports as applicable are retained on file at AmSafe Aviation.

AmSafe Authorized Signature: X

Printed Name:

Nicole Davis

Dated:

OCT 20, 2010

COUNTRY OF ORIGIN USA

1. Approving National Aviation Authority/Country: FAA/United States		2. AUTHORIZED RELEASE CERTIFICATE FAA Form 8130-3, AIRWORTHINESS APPROVAL TAG				3. Form Tracking Number: 5105 (147-16-1)	
4. Organization Name and Address:		AmSafe Aviation 1043 North 47th Avenue Phoenix, Arizona 85043				5. Work order/Contract/Invoice Number: S195647 - 1 PAGES ATTACHED	
6. Item:	7. Description:	8. Part Number:	9. Eligibility: *	10. Quantity:	11. Serial/Batch Number:	12. Status/Work:	
1	REST SYS ASSY	<u>3104-1-061-2396</u>	N/A	6	1110510	NEW	
13. Remarks: Drawing: <u>3104</u> Rev: F TSO: <u>TSO-C114</u>							
EXPORT AIRWORTHINESS APPROVAL: THIS ARTICLE MEETS THE SPECIAL REQUIREMENTS OF CANADA							
14. Certifies the items identified above were manufactured in conformity to: <input checked="checked" type="checkbox"/> Approved design data and are in a condition for safe operation <input type="checkbox"/> Non-approved design data specified in Block 13.				19. <input type="checkbox"/> 14 CFR 43.9 Return to Service <input type="checkbox"/> Other regulation specified in Block 13 Certifies that unless otherwise specified in Block 13, the work identified in Block 12 and described in Block 13 was accomplished in accordance with Title 14, Code of Federal Regulations, part 43 and in respect to that work, the items are approved for return to service.			
15. Authorized Signature:		16. Approval/Authorization No.:		20. Authorized Signature		21. Authorized/Certificate No.	
		ODA602112NM					
17. Name (typed or printed)		18. Date (m/d/y):		22. Names (typed or printed)		23. Date (m/d/y):	
CYNTHIA TIERINA		05/10/2010					
User/Installer Responsibilities							
It is important to understand that the existence of this document alone does not automatically constitute authority to install the part/component/assembly. Where the user/installer performs work in accordance with the national regulations of an airworthiness authority different than the airworthiness authority of the country specified in Block 1, it is essential that the user/installer ensures that his/her airworthiness authority accepts parts/compenents/assemblies from the airworthiness authority of the country specified in Block 1. Statements in Blocks 14 and 19 do not constitute installation certification. In all cases, aircraft maintenance records must contain an installation certification issued in accordance with the national regulations by the user/installer before the aircraft may be flown.							